

02258-0916

# DECLARATION AND POWER OF ATTORNEY U.S.A.

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ATTORNEYS' DOCKET NO.

P70195US0

ALL PATENTS, INCLUDING DESIGN FOR APPLICATION BASED ON PCT, PARIS CONVENTION; NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

## DEVICE FOR TREATING A MEDICAL LIQUID

which is described and claimed in:  PCT International Application No. PCT/EP03/05377 filed May 22, 2003  
 the attached specification  the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Country	Filing Date	Priority Claimed
<u>102 24 750.1</u> (Number)	<u>Germany</u> (Country)	<u>4 June 2002</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

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(Application Serial No.) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status: patented, pending, abandoned) \_\_\_\_\_

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No. ) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

JACOBSON HOLMAN  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:  
(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

INVENTOR	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
201		<u>BEDEN</u>	<u>Josef</u>		<u>Mainz-Kastel</u>		<u>Germany</u> <i>DEX</i>	<u>Germany</u>	<u>Carlowitzstrasse 18</u>		<u>Germany</u>	<u>55252</u>
202		<u>HAHMANN</u>	<u>Uwe</u>		<u>Tiefenbronn</u>		<u>Germany</u> <i>DEX</i>	<u>Germany</u>	<u>Henhoefer Strasse 16</u>		<u>Germany</u>	<u>75233</u>
203		<u>HERKLOTZ</u>	<u>Martin</u>		<u>Heusenstamm</u>		<u>Germany</u> <i>DEX</i>	<u>Germany</u>	<u>Dietzenbacher Strasse 1</u>		<u>Germany</u>	<u>63150</u>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201* <i>Josef Beden</i>	SIGNATURE OF INVENTOR 202* <i>Uwe Hahmann</i>	SIGNATURE OF INVENTOR 203* <i>Martin Herklotz</i>
DATE <u>25.10.2004</u>	DATE _____	DATE _____

Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

400	204	FULL NAME * OF INVENTOR	FAMILY NAME <u>LAUER</u>	GIVEN NAME <u>Martin</u>	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Auf den Hollerstock 8</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY <u>Germany</u>
500	205	FULL NAME * OF INVENTOR	FAMILY NAME <u>MANKE</u>	GIVEN NAME <u>Joachim</u>	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY <u>Loehnberg</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>In den Bruechern 6</u>	CITY <u>Loehnberg</u>	STATE OR COUNTRY <u>Germany</u>
600	206	FULL NAME * OF INVENTOR	FAMILY NAME <u>SCHEUNERT</u>	GIVEN NAME <u>Peter</u>	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY <u>Friedrichsdorf</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Dieselstrasse 1</u>	CITY <u>Friedrichsdorf</u>	STATE OR COUNTRY <u>Germany</u>
700	207	FULL NAME * OF INVENTOR	FAMILY NAME <u>WEIS</u>	GIVEN NAME <u>Manfred</u>	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY <u>St. Wendel</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Ringstrasse 7</u>	CITY <u>St. Wendel</u>	STATE OR COUNTRY <u>Germany</u>
800	208	FULL NAME * OF INVENTOR	FAMILY NAME <u>BONGERS</u>	GIVEN NAME <u>Alexander</u>	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY <u>Langen</u>	STATE OR FOREIGN <u>Germany</u> <i>DEX</i>	COUNTRY OF CITIZENSHIP <u>Germany</u>
		POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Im Singes 41</u>	CITY <u>Langen</u>	STATE OR COUNTRY <u>Germany</u>
	209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
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		RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
	211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
		RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

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**DEVICE FOR TREATING A MEDICAL LIQUID**

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666  <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
--	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	<b>BEDEN</b>	<b>Josef</b>	
	POST OFFICE ADDRESS	<b>Mainz-Kastel</b>	<b>Germany</b>	<b>Germany</b>
		<b>Carlowitzstrasse 18</b>	<b>Mainz-Kastel</b>	<b>Germany</b>
			<b>Germany</b>	<b>55252</b>
202	RESIDENCE & CITIZENSHIP	<b>HAHMANN</b>	<b>Uwe</b>	
	POST OFFICE ADDRESS	<b>Tiefenbronn Durmersheim</b>	<b>Germany</b>	<b>Germany</b>
		<b>Haus-Thoma</b>	<b>Tiefenbronn</b>	<b>Durmerversheim</b>
		<b>Henhofer Strasse 16</b>	<b>Germany</b>	<b>75253 76448</b>
203	RESIDENCE & CITIZENSHIP	<b>HERKLOTZ</b>	<b>Martin</b>	
	POST OFFICE ADDRESS	<b>Heusenstamm</b>	<b>Germany</b>	<b>Germany</b>
		<b>Dietzenbacher Strasse 1</b>	<b>Heusenstamm</b>	<b>Germany</b>
			<b>Germany</b>	<b>63150</b>

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	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Auf den Hollerstock 8</b>	CITY <b>St. Wendel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>66606</b>
205	FULL NAME * OF INVENTOR	FAMILY NAME <b>MANKE</b>	GIVEN NAME <b>Joachim</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Loehnberg</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
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206	FULL NAME * OF INVENTOR	FAMILY NAME <b>SCHEUNERT</b>	GIVEN NAME <b>Peter</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Friedrichsdorf</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
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207	FULL NAME * OF INVENTOR	FAMILY NAME <b>WEIS</b>	GIVEN NAME <b>Manfred</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Ringstrasse 7</b>	CITY <b>St. Wendel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>66606</b>
208	FULL NAME * OF INVENTOR	FAMILY NAME <b>BONGERS</b>	GIVEN NAME <b>Alexander</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Langen</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Im Singes 41</b>	CITY <b>Langen</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63225</b>
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
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201	BEDE	BEDE	Josef		Germany	Germany	55252
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203	HERKLOTZ	HERKLOTZ	Martin		Germany	Germany	63150

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	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
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208	FULL NAME * OF INVENTOR	FAMILY NAME <b>BONGERS</b>	GIVEN NAME <b>Alexander</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Langen</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Im Singes 41</b>	CITY <b>Langen</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63225</b>
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

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ATTORNEYS' DOCKET NO.  
**P70195US0**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
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**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:  PCT International Application No. PCT/EP03/05377 filed May 22, 2003  
 the attached specification  the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
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<u>102 24 750.1</u> (Number)	<u>Germany</u> (Country)	<u>4 June 2002</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SEND CORRESPONDENCE TO: <b>CUSTOMER NO. 00136</b> or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666  <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	<b>BEDEN</b>	<b>Josef</b>	
	CITY	<b>Mainz-Kastel</b>	<b>Germany</b>	<b>Germany</b>
	POST OFFICE ADDRESS	<b>Carlowitzstrasse 18</b>	<b>Mainz-Kastel</b>	<b>Germany</b>
			<b>Germany</b>	<b>55252</b>
202	RESIDENCE & CITIZENSHIP	<b>HAHMANN,</b>	<b>Uwe</b>	
	CITY	<b>Tiefenbronn</b>	<b>Germany</b>	<b>Germany</b>
	POST OFFICE ADDRESS	<b>Henhoefer Strasse 16</b>	<b>Tiefenbronn</b>	<b>Germany</b>
			<b>Germany</b>	<b>75233</b>
203	RESIDENCE & CITIZENSHIP	<b>HERKLOTZ</b>	<b>Martin</b>	
	CITY	<b>Heusenstamm</b>	<b>Germany</b>	<b>Germany</b>
	POST OFFICE ADDRESS	<b>Dietzenbacher Strasse 1</b>	<b>Heusenstamm</b>	<b>Germany</b>
			<b>Germany</b>	<b>63150</b>

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SIGNATURE OF INVENTOR 201* 	SIGNATURE OF INVENTOR 202* 	SIGNATURE OF INVENTOR 203* 
DATE 	DATE 	DATE 

Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE 27.10.2004	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DEVICE FOR TREATING A MEDICAL LIQUID**

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(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
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DATE	DATE	DATE

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

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	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Auf den Hollerstock 8</b>	CITY <b>St. Wendel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>66606</b>
205	FULL NAME * OF INVENTOR	FAMILY NAME <b>MANKE</b>	GIVEN NAME <b>Joachim</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Loehnberg</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>In den Bruechern 6</b>	CITY <b>Loehnberg</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>35792</b>
206	FULL NAME * OF INVENTOR	FAMILY NAME <b>SCHEUNERT</b>	GIVEN NAME <b>Peter</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Friedrichsdorf</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Dieselstrasse 1</b>	CITY <b>Friedrichsdorf</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>61381</b>
207	FULL NAME * OF INVENTOR	FAMILY NAME <b>WEIS</b>	GIVEN NAME <b>Manfred</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
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	RESIDENCE & CITIZENSHIP	CITY <b>Langen</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
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	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	<b>BEDEN</b>	<b>Josef</b>	
	POST OFFICE ADDRESS	<b>Mainz-Kastel</b>	<b>Germany</b>	<b>Germany</b>
		<b>Carlowitzstrasse 18</b>	<b>Mainz-Kastel</b>	<b>Germany</b> <b>55252</b>
202	RESIDENCE & CITIZENSHIP	<b>HAHMANN</b>	<b>Uwe</b>	
	POST OFFICE ADDRESS	<b>Tiefenbronn</b>	<b>Germany</b>	<b>Germany</b>
		<b>Henhoefter Strasse 16</b>	<b>Tiefenbronn</b>	<b>Germany</b> <b>75233</b>
203	RESIDENCE & CITIZENSHIP	<b>HERKLOTZ</b>	<b>Martin</b>	
	POST OFFICE ADDRESS	<b>Heusenstamm</b>	<b>Germany</b>	<b>Germany</b>
		<b>Dietzenbacher Strasse 1</b>	<b>Heusenstamm</b>	<b>Germany</b> <b>63150</b>

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	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS In den Bruechern 6	CITY Loehnberg	STATE OR COUNTRY Germany	ZIP CODE 35792
206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany	ZIP CODE 61381
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ringstrasse 7	CITY St. Wendel	STATE OR COUNTRY Germany	ZIP CODE 66606
208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany	ZIP CODE 63225
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE 22.10.2014
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

FOR ATTORNEYS' USE ONLY  
ATTORNEYS' DOCKET NO.

**P70195US0**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;  
NON PRIORITY, OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the ori first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the st matter which is claimed and for which patent is sought on the invention entitled:

**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:  PCT International Application No. PCT/EP03/05377 filed May 22, 2003  
 the attached specification  the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed
<u>102 24 750.1</u> (Number)	<u>Germany</u> (Country)	<u>4 June 2002</u> (Day/Month/Year Filed)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is n disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is mater patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys (Registration No. ) to prosecute this application, receive and act on instructions from my a and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. ST (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31, YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or  
**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
				ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that t statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the U States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME LAUER	GIVEN NAME Martin	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf den Hollerstock 8	CITY St. Wendel	STATE OR COUNTRY Germany
205	FULL NAME * OF INVENTOR	FAMILY NAME MANKE	GIVEN NAME Joachim	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Loehnberg	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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206	FULL NAME * OF INVENTOR	FAMILY NAME SCHEUNERT	GIVEN NAME Peter	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Friedrichsdorf	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Dieselstrasse 1	CITY Friedrichsdorf	STATE OR COUNTRY Germany
207	FULL NAME * OF INVENTOR	FAMILY NAME WEIS	GIVEN NAME Manfred	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY St. Wendel	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
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208	FULL NAME * OF INVENTOR	FAMILY NAME BONGERS	GIVEN NAME Alexander	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Langen	STATE OR FOREIGN Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Singes 41	CITY Langen	STATE OR COUNTRY Germany
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the value of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE

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**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

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ATTORNEYS' DOCKET NO.

**P70195US0**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**DEVICE FOR TREATING A MEDICAL LIQUID**

which is described and claimed in:  PCT International Application No. PCT/EP03/05377 filed May 22, 2003  
 the attached specification  the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
 (if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
<u>102 24 750.1</u>	<u>Germany</u>	<u>4 June 2002</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

\_\_\_\_\_ (Application Serial No.) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status: patented, pending, abandoned)

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SEND CORRESPONDENCE TO: <b>CUSTOMER NO. 00136</b> or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666  <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name.

204	FULL NAME * OF INVENTOR	FAMILY NAME <b>LAUER</b>	GIVEN NAME <b>Martin</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Auf den Hollerstock 8</b>	CITY <b>St. Wendel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>66606</b>
205	FULL NAME * OF INVENTOR	FAMILY NAME <b>MANKE</b>	GIVEN NAME <b>Joachim</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Loehnberg</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>In den Bruechern 6</b>	CITY <b>Loehnberg</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>35792</b>
206	FULL NAME * OF INVENTOR	FAMILY NAME <b>SCHEUNERT</b>	GIVEN NAME <b>Peter</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Friedrichsdorf</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Dieselstrasse 1</b>	CITY <b>Friedrichsdorf</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>61381</b>
207	FULL NAME * OF INVENTOR	FAMILY NAME <b>WEIS</b>	GIVEN NAME <b>Manfred</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>St. Wendel</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Ringstrasse 7</b>	CITY <b>St. Wendel</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>66606</b>
208	FULL NAME * OF INVENTOR	FAMILY NAME <b>BONGERS</b>	GIVEN NAME <b>Alexander</b>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Langen</b>	STATE OR FOREIGN <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Im Singes 41</b>	CITY <b>Langen</b>	STATE OR COUNTRY <b>Germany</b>	ZIP CODE <b>63225</b>
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
211	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE <i>25.06.2004</i>	DATE

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